THE PERITONEUM.					
Physical Examination.	Diagnosis.	Date of Opera- tion.	Organs Found Affected.	Result of Operation	Subsequent History.
		June 15, 1 1897.	Roughened nodular surface, about size of silver dollar, over left utero sacral liga- ment; right meso-salpinx studded with tubercle; tubes patulous; intestinal wall thickened and velvety and reddened from increas- ed injection of blood.	R.	Remained fairly well un- til 5th week, when another rise of temper- ature took place ; pink flush in each cheek ; looked as if disease was going to proceed rapidly ; improvement again took place and she returned home. In Aug,1897, about as bad as ever, soreness and tenderness continu- ing, also ansemia.
NTESTINAL W	ALL.				
Mass in wall of rectum and en- larged glands.		Nov. 23, 1898.	Tubercle in wall of rectum producing narrowing of the lumen of the gut; glands in meso-rectum enlarged; one removed for micros, exam.; large caseous gland over abdominal vessels near junction of renal ves- sels on right side.		Made an uninterrupted recovery, and is now in good health; hem- orrhages having ceased.
	Nervous dyp- pepsia, but not quite clear; after- wards intes- tinal ob- struction.	1899.	Tubercular stricture high up in rectum, just over pro- montory of sacrum; tuber- cular nodules over other parts of intestinal canal; colotomy.		Patient left the table in a very weak condition; bowel opened next morning. She only lived a few days.
Small mass to be felt in left iliac region.		Dec. 12, 1900.	Glands in meso-rectum en- larged throughout the whole of mesentery of omega-flexure up to de- seending colon; wall of rectum much thickened and studded with tubercle.		Baek at work again : in fair health.
ULCERATION (OF ASCENDIN	G COLO	N.		
Mass to be felt on right side, neighbourhood of appendix.	dicitis with	1899.	Appendix bound along bowel bowel mass of tubercle For about 18 inches along ilium spots showing intri intestinal ulcers; iliun studded, other intestine not infected.		Recovered from opera- tion but succumbed in a few months from tubercular laryngitis.